REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	21581-00240-US1
First Named Inventor	Akira NISHIYAMA
Original Patent Number	6,340,767 B1
Original Patent Issue Date (Month/Day/Year)	01/22/02
Express Mail Label No.	

Address to: **Mail Stop Reissue**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

APPLICATION FOR REISSUE OF:
(check applicable box)   [X] *Utility Patent*   [ ] *Design Patent*   [ ] *Plant Patent*

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. [X] Fee Transmittal Form *(PTO/SB/56)* *(Submit an original, and a duplicate for fee processing)*	10. [X] Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. [ ] Applicant claims small entity status. See 37 CFR 1.27.	11. [ ] Original U.S. Patent for surrender
3. [X] Specification and Claims in double column copy of patent format *(amended, if appropriate)*	[ ] Ribboned Original Patent Grant
4. [ ] Drawing(s) *(proposed amendments, if appropriate)*	[ ] Statement of Loss (PTO/SB/55)
5. [X] Reissue Oath/Declaration (original or copy) *(37 CFR § 1.175)(PTO/SB/51 or 52)*	12. [ ] Foreign Priority Claim (*35 U.S.C. 119*) *(if applicable)*
6. [X] Power of Attorney	13. [X] Information Disclosure Statement (IDS)/PTO-1449 [X] Copies of IDS Citations
7. Original U.S. Patent currently assigned?	14. [ ] English Translation of Reissue Oath/Declaration *(if applicable)*
[X] Yes [ ] No	15. [X] Preliminary Amendment
(If Yes, check applicable box(es))	16. [X] Return Receipt Postcard (*MPEP 503*) *(Should be specifically itemized)*
[X] Written Consent of all Assignees *(PTO/SB/53)*	17. Other: Consent of Assignee
[X] 37 CFR 3.73(b) Statement (PTO/SB/96)	Statement under 37 C.F.R. 3.73b
8. [ ] CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	Reissue Application Declaration and POA
9. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all of the following are necessary)*	Reissue Application Fee Transmittal
	Order for Title Report
a. [ ] Computer Readable Form (CFR)	Status of Claims
b. Specification Sequence Listing on:	
i. [ ] CD-ROM (2 copies) or CD-R (2 copies); or ii. [ ] paper	
c. [ ] Statements verifying identify of above copies	

18. CORRESPONDENCE ADDRESS

[X] *Customer Number or Bar Code Label*   30678   or [ ] *Correspondence address below*

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Name *(Print/Type)*	Burton A. Amernick	Registration No. *(Attorney/Agent)*	24,852
Signature	*[signature]*	Date	11-12-03

PTO/SB/56 (06-03)
Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
21581-00240-US1

Claims as Filed – Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity	
				Rate	Fee		Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 17	**** 0 =	x $ =		or	x $ 18 =	0.00
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x $ =			x $ 84 =	0.00
		Basic Fee (37 CFR 1.16(h))		$			$	750.00
		Total Filing Fee		$		OR	$	750.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 17	MINUS	** 20	* = 0	x $ =			x $ 18 =	0.00
Independent claims 37 CFR 1.16(i)	*** 3	MINUS	***** 3	= 0	x $ =			x $ 84 =	0.00
			Total Additional Fee	$			OR	$	0.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ Please charge Deposit Account No. _____22-0185_____ in the amount of $ _____750.00_____ .
A duplicate copy of this sheet is enclosed.

☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. ____22-0185____ .
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of $ _____ to cover the filing/additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

_____11-12-03_____	_____
Date	Signature of Applicant, Attorney, or Agent of Record
_____24,852_____	_____Burton A. Amernick_____
Registration Number, if applicable	Typed or printed name